

United States District Court

For The DISTRICT OF Massachusetts

Jean St. Surin, Rose,
Petitioner,

v.

Luis T. Spencer, Supt.
MCE-Norfolk,
Respondent.

2004 JUN 28

APPLICATION TO PROCEED IN FORMS PAUPERIS, SUPPORTING DOCUMENTATION AND ORDER

CASE NUMBER:

I, Jean St. Surin, declare that I am the (check appropriate box)

☒ petitioner/plaintiff

☐ movant (filing 28 U.S.C. 2255 motion)

☐ respondent/defendant

☐ _____ other

in the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, cost or give security therefor, I state that because of my poverty, I am unable to pay the costs of said proceeding or give security therefor; that I believe I am entitled to relief. The nature of my action, defense, or other proceeding or the issues I intend to present on appeal are briefly stated as follows:

In further support of this application, I answer the following questions.

1. Are you presently employed? Yes ☐ No ☒
 - a. If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer. (list both gross and net salary)
 - b. If the answer is "no," state the date of last employment and the amount of the salary and wages per month which you received.
2. Have you received within the past twelve months any money from any of the following sources?
 - a. Business, profession or other form of self-employment Yes ☐ No ☐
 - b. Rent payments, interest or dividends? Yes ☐ No ☐
 - c. Pensions, annuities or life insurance payments? Yes ☐ No ☐
 - d. Gifts or inheritances? Yes ☐ No ☐
 - e. Any other sources? Yes ☐ No ☒

<p style="text-align: center;">United States Judge</p> <p style="text-align: center;">Date _____</p> <p style="text-align: center;">The application is hereby denied</p>	<p style="text-align: center;">United States Judge or Magistrate</p> <p style="text-align: center;">Date _____</p> <p style="text-align: center;">The application is hereby granted. Let the applicant proceed without prepayment of cost or fees or the necessity of giving security therefor.</p>
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ORDER OF COURT

CERTIFICATE
(Prisoner Accounts Only)

I certify that the applicant named herein has the sum of \$ _____ on account to his credit at the _____ institution where he is confined. I further certify that the applicant likewise has the following securities to his credit according to the records of said institution: _____

I further certify that during the last six months the applicant's average balance was \$ _____

Authorized Officer of Institution _____

Executed on June 24, 2004 (Date)

Signature of Applicant _____

I declare under penalty of perjury that the foregoing is true and correct.

NAME

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support.

4. Do you own or have any interest in any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)?

Yes ☐ No ☒

If the answer is "yes," describe the property and state its approximate value.

3. Do you own any cash, or do you have money in checking or savings accounts? Yes ☐ No ☐ (Include any funds in prison accounts.)

If the answer is "yes," state the total value of the items owned.

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months.

FINANCIAL AFFIDAVIT

CJA 23

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

REV. 1/90

IN UNITED STATES
IN THE CASE OF☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT OF ☐ OTHER PANEL (Specify below)St. Surin vs. Spencer

FOR

Massachusetts

AT

Norfolk, MA.

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Pro SeU.S. DISTRICT COURT
DISTRICT OF MASS.

- 2 ☐ Defendant—Adult
 2 ☐ Defendant—Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☒ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify) _____

DCCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)

- ☒ Felony
☐ Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed
		Name and address of employer: _____
		IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month \$ _____
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		IF YES, how much does your Spouse earn per month \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income \$ _____
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED _____ SOURCES _____
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	IF YES, GIVE VALUE AND \$ DESCRIBE IT	VALUE _____ DESCRIPTION _____

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: _____	Creditors _____	Total Debt _____ Monthly Payt. _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

I certify the above to be correct.

JEAN St Surin 6/24/04**WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.**